



# 2009

## ASA Women's D Slow Pitch West National Championship Tournament September 5-7

**CITY OF Salem**  
AT YOUR SERVICE  
Department of Community Services  
Recreation Division  
555 Liberty St. SE / Room 300  
Salem, OR 97301-3503  
503-588-6261

### TEAM REGISTRATION FORM

TEAM NAME \* \_\_\_\_\_ CITY \* \_\_\_\_\_ STATE \* \_\_\_\_\_

COACH NAME \* \_\_\_\_\_ CELL PHONE \* \_\_\_\_\_

ADDRESS \* \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, STATE, ZIP \* \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BEST PHONE # TO REACH YOU \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \* \_\_\_\_\_

#### BACKUP CONTACT

CONTACT NAME \* \_\_\_\_\_ CELL PHONE \* \_\_\_\_\_

ADDRESS \* \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, STATE, ZIP \* \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BEST PHONE # TO REACH YOU \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \* \_\_\_\_\_

\* Required information in order to register team.

**Dates:** September 5-7, 2009  
(4GG - Pool Play Plus Double Elimination)

**Location:** City of Salem Wallace Marine Park Softball Complex  
555 Liberty St. SE, Salem, OR 97301

**Entry Fee:** \$375.00

**Payment:** Visa, Mastercard, Cash or Check (make check out to City of Salem).

**Return by:** July 19, 2009

**Mail to:** City of Salem, Attn: Billy Powers  
555 Liberty St. SE / Room 300, Salem, OR 97301

**Director:** Billy Powers E-mail: [bpowers@cityofsalem.net](mailto:bpowers@cityofsalem.net)  
Fax: (503) 315-2567 Office: (503) 588-6261

**For Office Use Only**

Cash  
\_\_\_\_\_

Visa/MC  
\_\_\_\_\_

Check #  
\_\_\_\_\_

Other  
\_\_\_\_\_

Cashier \_\_\_\_\_  
\$ \_\_\_\_\_  
Amount Paid

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

CONFIRMATION CODE  
\_\_\_\_\_



Registration forms and further information is available at [www.softballcityusa.com](http://www.softballcityusa.com).

*Thank You!*

**Credit Card Information:**

CREDIT CARD PAYMENT FOR TOURNAMENT REGISTRATION CAN BE MADE BY VISA OR MASTERCARD ONLY.

I am paying by:      Visa      \_\_\_\_\_      Mastercard      \_\_\_\_\_

CREDIT CARD NUMBER	EXPIRATION DATE
CARD HOLDER'S SIGNATURE	TODAY'S DATE

**TEAM REGISTRATION FORM MUST ACCOMPANY CREDIT CARD PAYMENT AUTHORIZATION FORM.**

**Mail or Fax completed Team Registration Form and Credit Card Payment Authorization to:**

**Mail to:**            City of Salem, Attn: Billy Powers  
                         555 Liberty St. SE / Room 300, Salem, OR 97301

**Fax:**                (503) 315-2567

Receipt of this Team Registration Form and Entry Fee will hold your team a spot in the 2009 ASA Women's D Slow Pitch West National Championship Tournament held on September 5-7, 2009. Teams will be registered once Team Registration Form, Entry Fee, and all official ASA forms have been received.

**For more information, please visit [www.softballcityusa.net](http://www.softballcityusa.net) or contact:**

**Questions:**      Billy Powers    E-mail: [bpowers@cityofsalem.net](mailto:bpowers@cityofsalem.net)  
                         Fax: (503) 315-2567    Office: (503) 588-6261